

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90110 011 ****61.25

DOCUMENT # N23067

1. Entity Name

DEAF SERVICE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7190 76TH STREET NORTH
 PINELLAS PARK FL 33781

P.O. BOX 2730
 PINELLAS PARK FL 33780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0014595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNER, JERRY L
 418 63RD AVENUE S.
 ST. PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Jerry L. Conner

Signature, typed or printed name of registered agent and title if applicable.

Jerry L. Conner

(NOTE: Registered Agent signature required when reinstating)

02/16/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNER, JERRY L	
STREET ADDRESS	P.O. BOX 2780 N/A	
CITY-ST-ZIP	PINELLAS PARK FL 33780	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONNER, JERRY	
STREET ADDRESS	7190-76TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33780	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOTTLER, RICHARD J JR.	
STREET ADDRESS	2400 S.E. MIDPOINT ROAD, STE. 209	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIBLITZHOUSER, SHARON	
STREET ADDRESS	5107 14TH STREET W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD Sharon Wiblitzhouser	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Wiblitzhouser	
STREET ADDRESS	5107 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 34207-2431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Witaker	
STREET ADDRESS	105 S.E. Highway 19	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry L. Conner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/16/00

CR2E037 (9/99)